

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09691578 FILING DATE _____
 APPLICANT: _____

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2	1		1										
3	1		1										
4		36		2									
5		36		2									
6		36		2									
7		36		2									
8		36		2									
9		36		2									
10		36		2									
11		36		2									
12		36		2									
13		36		2									
14		36		2									
15		36		2									
16		36		2									
17		36		2									
18		36		2									
19		36		2									
20		36		2									
21		36		2									
22		36		2									
23		36		2									
24		36		2									
25	1		1										
26													
27													
28	1												
29	1												
30													
31	2		2										
32													
33	1												
34													
35	1												
36	1												
37	1												
38	1												
39	1												
40	1												
41	1												
42	1												
43													
44	1												
45	1												
46	1												
47	1												
48	1												
49	1												
50	1												
TOTAL IND.	4		5										
TOTAL DEP.	89		79										
TOTAL CLAIMS	93		84										